Illinois SANE Training Program: Sexual Assault Treatment Checklist

A laminated copy of the following checklist should be kept on the SANE cart to be used as a guide when providing medical forensic services.

Overall Considerations:

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|--|---|
| * PATIENT MAY DECLINE ANY COMPONENT OF THE | E EXAM AT ANY TIME |
| * NEVER LEAVE THE ILLINOIS STATE POLICE SEXU | JAL ASSAULT EVIDENCE COLLECTION KIT (ISP SAECK) |
| UNSECURED/UNATTENDED ONCE OPENED | |
| * USE TERM "DECLINED" INSTEAD OF "REFUSED" | * NEVER USE TERM "ALLEGED" |
| * USE TERM "PATIENT" NOT "VICTIM" | * LAW ENFORCEMENT (LE) IS NOT ALLOWED IN ROOM DURING EXAM |
| * WITH PATIENT CONSENT THE MEDICAL ADVOCAT | TE MAY BE PRESENT DURING THE ENTIRE EXAM |

*** Evidence Collection Kit shall be offered and completed if the patient presents within a minimum of 7 days of the sexual assault.

| Actions | Check when completed | Comments |
|---|----------------------|----------|
| Registration: Obtain general consent for treatment (patient of any age) | | |
| Identify patient as sexual assault patient | | |
| Briefly triage patient | | |
| Assign ESI level 2 for any patient that presents within 7 days of the assault | | |
| Refer to patient by code | | |
| Place in a private room | | |
| Notifications: | | |
| SANE and/or assign primary RN | | |
| Rape crisis center for medical advocate | | |
| Law enforcement (if not previously notified - discuss patient's consenting choice | | |
| first) | | |
| Other mandated reporting agencies {Department of Aging, Department of Children (2000) (2000) (2000) (2000) (2000) (2000) (2000) (2000) (2000) (2000) (2000) (2000) (2000) (2000) (2000) (2000) (2000) (2000) (2000) (2000) (2000) (2000) (2000) (2000) (2000) (2000) (2000) (2000) (2000) (20 | _ | |
| and Family Services (DCFS), Office of the Inspector General} | | |
| MD or Midlevel provider to complete medical screening exam | | |
| Address all emergent medical concerns (i.e. strangulation injury, trauma, bleeding) Prior to starting average above and advantable light | | |
| Prior to starting exam obtain all supplies needed (see recommended supply list) Screen all patients for possible Drug Facilitated Sexual Assault (DFSA) | Ц | |
| | | |
| Collect at least 30ml of urine in a clean/dry cup and maintain chain of custody Instruct patient to blot with gauze/tissue before sample collection (if genital swabs | | |
| have not yet been collected) and submit tissue/gauze as miscellaneous evidence. | | |
| Instruct patient to drip dry or blot after sample collection. | | |
| Provide patient with Illinois State Police Toxicology Screening Information for | | |
| Drug Facilitated Sexual Assaults: Patient Information Sheet | – | |
| Provide patient with Consent to Toxicology Screen Form (patient does not have | | |
| to consent at this time. Urine can be held by law enforcement for a minimum of 10 | _ | |
| years for the patient over 18 and until the 28th birthday for a patient under 18.) | | |
| Photocopy consent form and provide a copy to the patient and a copy for | | |
| medical records | | |
| Do not include urine specimen in ISP SAECK | | |
| Seal the urine cup with tape, initial and date tape, place in biohazard bag with | | |
| original consent form | | |
| Release to law enforcement and notify them that item needs to be refrigerated | | |
| Open sealed ISP SAECK and utilize checklist provided | | |
| Obtain patient consent for: | | |
| Medical Forensic Exam and Evidence Collection (patient of any age) Photographic Foidence (patient) (10 years agree) | | |
| Photographic Evidence (patient ≥13 years, parent or guardian) Reporting Decision: Patient report, Health Care Provider report or | | |
| o Reporting Decision: Patient report, Health Care Provider report or Non-report (patient ≥13 years, parent, guardian, DCFS or LE) | | |
| Evidence Analysis: Consent to Test or Consent to Hold (patient ≥13 | | |
| years, parent, guardian, DCFS or LE) | | |
| TIP: Non-report can only consent to hold the evidence. | | |
| Obtain medical forensic history, including detailed history of the assault | | |
| Use the medical forensic documentation form in the ISP SAECK as a guide: See | | |
| pages 126 and 127 of the Pediatric National Protocol for sample medical history | | |
| questions | _ | |
| Quote patient statements as much as possible, but try not to interrupt | | |
| For pediatric patients: | | |
| Obtain history from parent/guardian without the child and vice versa | | |
| Ask the child only "Do you know why you are here? Does anything hurt?" | | |
| If disclosure occurs, document the patient's history and any | | |
| clarifying questions that are asked verbatim | | |
| If no disclosure, reassure the child that you are going to examine them to make sure that they are healthy | | |
| undin to make suite that they are healthy | | |

| DO NOT introduce any terminology that is foreign to the child's vocabulary | | |
|--|----------|--|
| Collect miscellaneous debris and patient clothing (patient of any age) | | |
| Examine each piece of clothing for rips, tears, presence of foreign materials | | |
| Place bra and underwear in collection bags in ISP SAECK | | |
| Other clothing should be placed in paper bags (one item per bag) | _ | |
| Label each bag with patient's name, description of contents, name of collector, date | | |
| and time of collection and seal each bag (see below for proper seal- initial and date | | |
| starting on the bag and crossing onto the clear tape) | | |
| | | |
| | | |
| | | |
| 11.8 | | |
| | | |
| | | |
| Perform a head-to-toe physical assessment (patient of any age) | | |
| Document all skin findings and note on the medical forensic documentation form | | |
| Note location, description (color, shape) and size of all findings | | |
| Photograph all injuries and findings (if applicable)— do not place photographs inside | | |
| the ISP SAECK. Maintain according to hospital policy. | | |
| Mid-range photo (where is the injury/finding on the body) | | |
| Close-up photo (fill the frame with the injury/finding) | | |
| Close-up with ruler photo (same as above with measurement) | | |
| Complete evidence collection as outlined in the ISP SAECK (see evidence collection guide) | | |
| (patient of any age) | | |
| TID. On a sing one of early be released discards in the U | | |
| TIP: Specimens should be placed directly in the cardboard boxes and | | |
| envelopes provided as they will dry in the box and envelope Complete detailed ano-genital assessment (SANE, Physician or Midlevel Provider only) if | | |
| indicated by patient history (patient of any age) | | |
| Perform anal assessment using prone knee chest or left lateral recumbent | | |
| positioning to aide patient in self-dilation | | |
| Moisten all 4 swabs for evidence collection | | |
| • FEMALES: | | |
| Conduct external assessment for injury using labial separation and labial | | |
| traction (patient of any age) | | |
| Swab medial labia majora, labia minora, clitoral hood, clitoris and vestibule | | |
| Pediatric patient: All 4 swabs | _ | |
| Adult/Adolescent patient: 2 swabs | | |
| Adult/Adolescent patients only: Compared to the investment of the compared to the investment of the compared to the investment of the compared to the | | |
| Utilize advanced techniques such as Toluidine Blue Dye, Foley Cathodor/Fox Swah (with proper training) | | |
| Catheter/Fox Swab (with proper training) Place speculum; do not use lubrication per the request of the | | |
| Illinois State Police Forensic Lab, may use warm water | | |
| Use 2 swabs to obtain evidence from cervical os and posterior | | |
| fornix. Mark the end of the wooden swab stick with a sharpie to | _ | |
| indicate to the lab that these were the internal swabs. | | |
| Avoid touching vaginal walls | | |
| MALES: | | |
| Conduct assessment for injury | <u>_</u> | |
| Moisten all 4 swabs for evidence collection from shaft and glans | | |
| TID. DO NOT DI ACE SDECIII UM IN A DDE DUDSCENT CIDI | | |
| TIP: DO NOT PLACE SPECULUM IN A PRE-PUBSCENT GIRL AVOID TOUCHING THE URETHRAL OPENING FOR ALL PATIENTS | | |
| Package, seal and label all evidence | | |
| Maintain chain-of-custody at all time for the ISP SAECK and other evidence by | | |
| never leaving unattended from opening until sealed and secured or released to law | _ | |
| enforcement | | |
| Document per policy | | |
| Avoid duplicate documentation whenever possible | | |
| Obtain additional tests as ordered by Physician, Midlevel Provider or hospital standing orders | | |
| (patient of any age) | | |
| These may include | _ | |
| Pregnancy test (adult/adolescent females only) | | |
| Baseline HIV test | | |
| o CBC, CMP | | |
| Hepatitis Panel Symbilis toot | | |
| Syphilis test STI testing (to be collected after evidence collection swabs) | | |
| STI testing (to be collected after evidence collection swabs) Urine sample for hospital drug screen (this must be a different sample than | | |
| that obtained for DESA) | | |

| Administer medications per Physician, Midlevel Provider or hospital standing orders following CDC and/or ACEP guidelines to prevent STIs, pregnancy and reduce risk of HIV (information | | |
|--|---|--|
| below for adult/adolescent patients only) | | |
| Discuss risks and benefits with patient and obtain consent prior to administering any | | |
| medication | | |
| Ceftriaxone 250 mg IM in a single dose (may dilute with lidocaine to decrease pain) PLUS | | |
| Azithromycin 1 g orally in a single dose | | |
| Metronidazole 2 g orally in a single dose (advise no ETOH prior to and | | |
| after medication for approximately 48 hours) | _ | |
| HIV Risk Assessment, screening, and prophylaxis per protocol | | |
| Tenofovir 300mg PO daily + Emtricitabine 200mg PO daily PLUS | | |
| Raltegravir 400mg PO BID OR Dolutegravir 50mg PO daily | | |
| Emergency Contraception Pill (ECP) or copper IUD per policy | | |
| CHOOSE ONE ONLY: | | |
| Ulipristal acetate 30mg PO x1 (Ella) up to 120 hours Levonorgestrel 1.5mg PO x1 (Plan B One-step, Next Choice One | | |
| Dose, My Way) up to 72 hours | | |
| Human Papiloma Virus (HPV) | | |
| ■ Gardasil: 3 dose series IM: initial visit, 1-2 months, 6 months (only 2 | | |
| doses needed if first dose received before the age of 15) | | |
| Hepatitis B | | |
| | | |
| Simulataneous HBIG 0.06mL/kg and hepatitis B vaccine | | |
| NOTE: Hepatitis B vaccine alone- equally as effective | | |
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